Missouri Ethics Commission



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

## **Statement of Committee Organization**

1.	Statement Information Date: 04/05/2017		
	Type: New Amended (if amending, enter MEC ID C081332 & section changed 6		
2.	mmittee Information		
	FRIENDS OF JOE VACCARO, INC.		
	6227 HANCOCK AVE ST. LOUIS, MO 631	39	(314) 645-3038
	Conservation 11-three Address - Philippen 11-three Conservation 11	ST LOUIS CITY BOARD OF	ELECTION COMMISSIONERS
	Official Committee Email Address	County Clerk or Board of Election Commissi	
		· ·	
	// Benefit   Company   Com		
3.	Treasurer/Deputy Treasurer Information		· · · · · · · · · · · · · · · · · · ·
	CRYSTAL VACCARO		
	Treasurer's Name (First & Last)	OAA CAE OOO	214 500 9177
	6227 HANCOCK AVE, ST. LOUIS, MO 63139	(314) 645-3038	(314) 589-8177
	Treasurer's Mailing Address, City, State, & Zip BRIAN SWEENEY	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Headure 3 Enternance	
	727 LE MANNS DR, BALLWIN, MO 63021	, 636 <sub>1</sub> 394-3430	(314) 495-5641
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	(
	Addisional Commission		
4.	Additional Committee Information		
	Additional Committee Officer's Name & Title (If any)	Additional Committee Officer's Mailing Add	ress, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address,	City, State, & Zip
	CANDIDATES: Do you have more than one candidate committee	? Yes (refer to instructions on	back) 🔽 No
5.	Official Bank Account Information (required by all committees)		·
ō.	Candidate Supported or Opposed (candidate committees must	include self, if candidate)	
	JOSEPH A. VACCARO, JR., 6227 HANCOCK, ST. LOUIS, MO 63139	(314)645-3038	( )
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees	Only)
	MARCH 2, 2021 ALDERMAN, 23RD WARD, CITY OF ST LOUIS	DEMOCRAT	SUPPORT
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees must complete this section)		
	:		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
.	Signature(s) Check certification(s) & sign (required by all comm	nittees)	
i	affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate.		
	further acknowledge that I am aware that any false statement or		
	Cente S. Vous		
	Committee Treasurer	Candidate (Candidate Committees Only)	1

MO 300-1308 Packet (Rev. 11/2014)